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COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1973

W. S. PARKER, V.R.D., F.F.C.M., M.B., Ch.B., D.P.H., D.I.H.

Health Department,
Royal York Buildings,
Old Steine,
Brighton,
BN1 1NP.

Telephone · 0273 - 29801

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Health Department,
Brighton.

February 1974

To The Mayor, Aldermen and Councillors
of the County Borough of Brighton

Ladies and Gentlemen,

This is the last Annual Report to be submitted by the Medical Officer of Health of Brighton.

In the past hundred years the changes in the community reflect the influence of the great Public Health Act of 1875. Longer survival: better housing: better nutrition: the proper upbringing of infants: safe midwifery: the prevention and control of infectious diseases: all these have stemmed from the application of preventive medicine to the population of the country. The School Health Service was also created for this purpose and it is a matter of continuing regret that the Brighton Education Committee has never realised the full implication of this invaluable provision in spite of my continuing representations in the last quarter of a century.

In view of the imminent change in the Health Service this report must be kept short. Sufficient data is included to indicate that there is little change in the health of Brighton in the last year. Infectious disease is only a minor problem. People die from avoidable cancer of the lung caused by smoking: children cry from avoidable pain from their rotten teeth which could have been saved by adding fluoride to the public water supply as is done in Birmingham, though no one avoids that city for that reason. At times one is truly driven back to the motto of our town for solace.

In spite of this one must view the health of the town and the health of the country as a whole as we come up to the third quarter of the twentieth century. For all practical purposes preventive action has caused infectious disease to disappear whereas a hundred years ago a quarter of all deaths were due to this cause. That good friend of health education, the Brighton Evening Argus would undoubtedly have carried a banner headline if I had reported 100,000 deaths from infection in Britain - in one year. Women no longer die in childbirth. Children are bigger and fitter than ever before, their main risk being overweight. Real starving poverty has been replaced by hysteric overplaying of the circumstances of the feckless. If anyone should be blamed for what is today called poverty it is the Medical Officer of Health. By our very success in preserving the children of problem families who could not make a go of it in former years and whose offspring survive by our preventive medico-social action, we now have a substratum of society which Nature would have killed off but for our intervention. In a hundred years time it will be seen that the survival and uncontrolled reproduction of this element of the population will have lowered the overall average intelligence of the nation at a time when ever-improving technology requires a parallel improvement in the quality of its citizens. With all sympathy one can say the same of the survival of the aged in the community to the point where they die only because they can live no longer, not lonely but bored.

On a world scale it is the practice of preventive medicine which has so altered the population balance that global disaster threatens mankind by his own increase. Even man's own efforts do little. Among other conspicuous examples the damming of the Nile has altered the salinity of the Eastern Mediterranean and affected fish and other sea life. The annual Nile flooding, measured for thousands of years and now no more, brought silt and moisture to traditional agriculture each year. The boasted irrigation canals carry not only water but choking weed and, worst of all, the parasite-carrying snails which bring anaemia and weakness to

the population they are supposed to aid. Such side effects are omitted from the politician's boasting.

These are the realities of the situation as I wind up the health account of your municipal administration in the most exciting and challenging century of man's life on earth. If I have asked you to look beyond our town boundary for a moment it is because the problems are universal. Having opened Pandora's box we cannot shut it; we can only attempt to cope with the consequences.

Looking back over twenty-five years in the town I would pay tribute to the work of the staff of the Health Department, past and present. They came from many professions and occupations and have blended into a team which has worked longer and harder and more conscientiously than you have realised. Nothing that I have asked them to do has been refused; much has been achieved by their individual initiative to better the result. It is not possible to mention all but conversation recalls past incidents which have gone to make up the pattern of work. I came to Brighton a few months after the inception of the National Health Service and later had the task of implementing the long-term plans initiated by my predecessor, Dr. Rutherford Cramb. Just as an early storm at sea puts a new ship's crew to the test so the hurricane of smallpox control in 1950-51 welded the Health Department into the efficient and collaborating unit which has been with us ever since. Some stalwarts have gone: Mr. Cross, Chief Public Health Inspector and Epidemiologist Extraordinary; Mr. Grutchfield, Chief Clerk, with a lifetime of work in the department; Mrs. Wood, Superintendent of Midwives and, now nearly forgotten, 'Neddy', Miss Eddy who had been so long a Health Visitor that three generations in many families benefited from her care. Mrs. Cotter, that charming and talented leader of women, who came to us as Mrs. Beith, Chief Nursing Officer, leaves as this year ends to take charge of the National Health Service nurses of West Sussex. I would also mention my Deputies, all of whom have contributed to the work of the Department before passing to distinguished service elsewhere.

At this point I must mention the Cancer Care Committee set up on a non-party basis by Councillor Mrs. Helen Steer. Mrs. Steer and her ladies by their untiring enthusiasm and effort have raised funds now running into four figures by the most elementary and ingenuous ways. This money is used for social relief. It is only when the realities are uncovered that one sees the desperate needs which exist and which are re-created each time fatal disaster disrupts the lives of ordinary families. I am more than glad that Helen Steer rose to my challenge and has made me eat my earlier words of doubt. The people of Brighton should take note of this worthy cause in their midst, always mindful of the welfare of our local cancer victims. Recently people have taken to sending a donation to the fund at the Royal York Buildings instead of providing a wreath. I trust that this real gesture of help in the moment of their anguish will appeal to others in the future.

Finally, I would mention the Health Committees under whom I have served. The first few years in which the commonsense understanding of the late Alderman Baldwin brought constructive understanding of mutual problems to a fruitful expansion of services: the middle period when we were in advance of national thinking on the ambulance service, in mental health and in the development of cervical cytology and the last ten years during which your committee has taken advantage of every possible opportunity to improve and consolidate our services. If there is one mutual regret it is that by reason of financial constraint beyond your control we have not been able to bring up the facilities of the department to a perfection of standard which could resist the inevitable shortages which the first few years of the new unified National Health Service will have to face from 1974 onwards.

In submitting this final report I have asked Mr. Gibson, Chief Public Health Inspector, to prepare a separate detailed report on the sanitary circumstances of the Authority. I trust that this will emphasise the wide scope of his present responsibility as Chief Public Health Inspector and emphasise the fundamental

nature of his new commitments as Environmental Health Officer to the new Brighton District Council.

I am grateful for the help and collaboration of the staff of the Department, the Chief Officers of the Corporation, the family doctors, the hospitals and the Public Health Laboratory as well as the many voluntary associations in the town.

Our work has been made the more effective by the constant interest, support and collaboration of Radio Brighton and the Brighton Evening Argus and their sympathetic and helpful staffs as well as financial support for the aged provided through the Argus Christmas Appeal.

In conclusion my thanks go to the Chairman, Councillor A.E. Poole and the members of the Health Committee for their encouragement and support.

Yours faithfully,

W. S. PARKER

Medical Officer of Health

MEMBERS OF HEALTH COMMITTEE ON 31st DECEMBER, 1973

His Worship THE MAYOR	Councillor R.B. ROGER-JONES
(Alderman G.R. Lucraft)	" R.E.C. SWARLE
Alderman B.A. CRABB	" R.H. SIERIVES
" H. NETTLETON	" Mrs. H. P. SONNERSVILLE
" A.V. NICHOLLS	" Mrs. H.A. STEER
Councillor G.R. CARTER	Miss M. TIERNEY
" W.J.C. CLARKE	Mr. F. MARTIN
" H.W. GEORGE	Dr. L.J. BEYBON
" A.H. HARMAN	Dr. H.G. PAGE
" Miss R.E. LARKIN	Mr. M.J. GILKES FRCS.
" Mrs. G.R. MORRISON	Mr. R.H. COLEMAN-COHEN
" Mrs. C.L.E. NETTLETON	Mr. W.T. PARSONS
" A.L. POOLE (Chairman)	

PUBLIC HEALTH OFFICERS

Medical Officer of Health:

W.S. PARKER, VRD, FRCM, MB, CHB, MRCS, LRCP, DPH, DIH.

Deputy Medical Officer of Health:

P.A. SHAVE, MB, BS, DPH, DPH.

Senior Medical Officers:

GABRIELLE GRASSET-MOLLOY, MB, BS, DPH, MSR. (resigned 16th May, 1973)

MARGARET B. PARKER, MB, CHB, DPH.

Senior Assistant Medical Officer:

JOAN E. WARREN, MB, CHB, DPH.

Medical Officer in Department:

DEWIS M. NOSELING, BSC, MB, BS. (from 1st August, 1973)

Assistant Medical Officers of Health (part-time)

BERYL P. WADIE, BSC, MB, BCH.

V.O.B. GARTSIDE, MRCS, LRCP, DPH, RCPS.

FLORENCE P. GRICE, MRCS, LRCP, MB, BS.

JANE K. GOODLAD, MB, CHB.

MARY M. HAY, LRCP, LRCS, LRFPs.

DAPHNE M. HUNT, MB, BCHIR, MRCS, LRCP.

ELIZABETH D. MELVILLE, MB, BCH.

BARBARA J. NEWMAN, MB, BS.

ROSEMARY STURGESS, MRCS, LRCP, MB, BS.

Consultant Chest Physicians

F.E. CAYLEY, MD.

F.B. MEADE, MB, BS, FRCP.

Chief Dental Officer:

J.B. HERRINGTON, LDS, RCH(Eng.)

Public Analyst (part-time)

T.E. RYMER, FRIC.

Veterinary Officer (part-time)

J.S. LAUDER, MRCVS.

Chief Public Health Inspector:

H.G. GIBSON, MRSH, FAPHI.

Director of Nursing Services:

Mrs. EILEEN COTTER, SRN, SCM. (Part 1), HV.Cert. (resigned 31st December, 1973)

Superintendent Midwife:

Mrs. MARJORIE WOOD, SRN, SCM. (resigned 31st May)

Chief Ambulance Officer:

M.R. KIMBER, AIAO, FICAP, FICD, AMRSH.

Health Education Organiser:

R.E. BROWN, NHE, MMSO.

Administrative Officer:

R. ASPDEN, DPA.

MEMORANDUM FOR THE COMMITTEE

Delegated Powers

1. Pursuant to Part IV of the Fourth Schedule to the National Health Service Act, 1946, all the powers and duties of the Council as local health authority under the National Health Service Act, 1946-1961 (except insofar as delegated to the Social Services Committee), the National Health Service (Amendment) Act, 1957, the Mental Health Act, 1959, Sections 12 to 18, 23 (so far as it relates to offences under Sections 16 to 18 or any enactment thereby applied), National Health Service (Family Planning) Act 1967, National Health Services Family Planning Amendment Act, 1972, and the Health Services and Public Health Act, 1968 (except insofar as delegated to the Social Services Committee).
2. All the powers and duties of the Council under:
 - (1) The Public Health Act, 1936: Sections 39 (drainage); 44-52 (sanitary conveniences, drains and cesspools); 56 (drainage of yards and passages); 75 (provision of dustbins); 79-82 (noxious and offensive matter); 83-86 (filth on premises, articles and persons); 89 (sanitary conveniences at inns, etc; Part III (nuisances and offensive trades); Sections 138, 140 and 141 (water); Part V (disease); Sections 196 and 197 (provision of laboratories and mortuaries); Section 203 (notification of certain births); Sections 205 (employment of women in factories, etc.); and Sections 259-261 (watercourses, ditches, etc.); and Section 268 (power to execute works so far as it relates to works required under the foregoing sections).
 - (2) The Food and Drugs Act, 1955 (except Part III - provision and regulation of markets, and Sections 70-73 and 80);
 - (3) The National Assistance Act, 1948; Section 47 and the National Assistance (Amendment) Act, 1951; Section I (removal to suitable premises of persons in need of care and attention);
 - (4) The Midwives Act, 1936 and 1951
 - (5) The Brighton Corporation Act, 1951; Sections 230-232 & 234 (Slaughter houses) Sections 354, 355, 357-364 (drains and sanitary conveniences); Sections 367-388 and 397-399 (infectious disease and sanitary matters); Part XXI (human food) and Sections 534 and 536 (certain nuisances); the Brighton Corporation Act, 1936; Section 29 (nuisance from pigeons); and the Brighton Corporation Act, 1948; Section 47 (as to decorative repair of semi-detached houses) so far as affects notices served under Section 23 of the Public Health Act, 1936, Part VII (infectious diseases and sanitary conveniences) and Part VIII (food);
 - (6) The Diseases of Animals Act, 1950;
 - (7) The Prevention of Damage by Pests Act, 1949;
 - (8) Slaughterhouses Act, 1950; and Slaughter of Animals Act, 1933 to 1954;
 - (9) Cancer Act, 1937, Section 4 (institution of proceedings);
 - (10) Agricultural Produce (Grading and Marking) Acts, 1928-1931;
 - (11) Fertilisers and Feeding Stuffs Act, 1926;
 - (12) The Brighton Corporation Act, 1954; Section 28 (as to defective premises);
 - (13) The Clean Air Act, 1956 and 1968, except so far as relates to the control of new buildings;
 - (14) Agriculture (Safety, Health and Welfare Provisions) Act 1956 (Sanitary conveniences for agricultural workers);
 - (15) Sea Fisheries (Regulation) Act, 1967; and Sea Fish (Conservation) Act 1967;
 - (16) Noise Abatement Act 1960
 - (17) Brighton Corporation Act, 1960 Section 13 (Disposal of lost and uncollected property) so far as relates to property under the control of the committee;
 - (18) Public Health Act 1961, Sections 17, 18, 20, 21 (Drains and sanitary conveniences); 26 (Defective Premises); 32 (Food storage in existing houses) 35-37 (Filth and general provisions) 42 (Prevention and notification of disease) 72 (Discharge of sewage) 73 (owers as to pigeons) and 77 (Byelaws as to hair-dressers and barbers);
 - (19) Farms and Garden Cleanliness Act, 1967;
 - (20) Slaughter of Poultry Act, 1967;
 - (21) Agriculture (Miscellaneous Provisions) Act 1968;
 - (22) Medicines Act 1958
 - (23) Public Health (Decorating Nuisances) Act 1969;

- (24) Chronically Sick and Disabled Persons Act, 1970; Section 6 (provision of sanitary conveniences at certain places open to the public);
- (25) Part IV, Agriculture Act, 1970;
- (26) Deposit of Poisonous Waste Act, 1972;

Delegation of Powers to the Chairman

The Chairman of the Health Committee (or in his absence the Deputy Chairman) shall be authorised, subject to any general direction of the Committee, to deal with the following matters:

- (a) To approve the agenda for meetings of the Committee in consultation with the Town Clerk.
- (b) To deal with those matters referred to him by a Chief Officer in circumstances where he is satisfied that it is not a matter of such importance that a decision should be taken by the Committee;
- (c) To make statements to the Press when necessary and to publicise or explain the policies of the Committee on any subject.

Legislation under which duties are carried out, (a) for the Housing Committee:

Housing Acts 1949-72.

Housing (Underground Rooms) Act 1959

House Purchase and Housing Act 1959

Slum Clearance (Compensation) Act 1956

Housing (Financial Provisions) Acts 1958 and 1959

Underground Room Regulations, made by the Council in 1962 under the Housing Act 1957

Housing (Management of Houses in Multiple Occupation) Regulations 1962

Housing (Prescribed Forms) Regulations 1972

Housing (Repairs and Rents) Act 1954

Rent Acts 1957-68

Rent Restriction Regulations 1957

Protection from Eviction Act 1964

Landlord and Tenant Act 1962

Section 47, Brighton Corporation Act 1948

Standards, for houses in multiple occupation made under the Housing Act 1961; and approved by the Council in 1963

(b) for the Planning Committee

Declaration of Unfitness Orders under the Land Compensation Act 1961;

Town and Country Planning Act 1962, under which reports are made regarding loss of residential accommodation.

The Building Regulations, 1965.

(c) for the Legal and Parliamentary Committee:

Brighton Corporation Act, 1966; Sections 7 (coffee bars, clubs, etc.) 8 (mobile coffee stalls, etc.)

(d) for the Public Protection and Control Committee

The Town Clerk in consultation with the Chief Fire Officer and the Chief Public Health Inspector as necessary:

The Licensing of houses or places for public performance of Stage Plays and Cinematograph Exhibitions.

The granting of licences under the Sunday Entertainments Act, 1932.

The granting of licences under the Theatres Act, 1968.

The Chief Public Health Inspector:

Registration of premises when filling materials are used for upholstery.
Issue of licences in respect of premises used for the manufacture and storage of rag flock.
Shops Act, 1950, Section 53 (Registration and cancellation of registration upon request of shop premises occupied by persons observing the Jewish Sabbath); Section 42 (Late closing for Exhibitions).
Registration of keepers of common lodging houses, premises used for the manufacture, storage or sale of ice cream and of sausages, preserved food, etc.
Registration of distributors of milk and the issue of dealers licences to sell milk.
Registration of premises used for the manufacture, storage or sale of certain frozen liquids under Section 29 of the Brighton Corporation Act, 1954.
The renewal of certificates of suitability for underground bakehouses under Section 70 of the Factories Act, 1961.
The Pharmacy and Poisons Act, 1933 and the Pharmacy and Medicines Act, 1941 as amended. The securing of compliance with the provisions regulating the stocking or sale of poisons.

The Town Clerk in Consultation with the Medical Officer of Health and Chief Fire Officer where appropriate:

The granting of licences under the Nurses Agencies Acts, 1957.
The registration of nursing homes and mental nursing homes.

The Chief Public Health Inspector in consultation with the Chief Fire Officer:

The granting of a licence to keep a riding establishment.
The granting of licences for the keeping of a boarding establishment for animals and the licensing of Pet Shops.

LIAISON WITH OTHER AUTHORITIES

The following appointments are held by the officers of the department:

Medical Officer of Health

Member of:

The Brighton and Lewes Hospital Management Committee.

The St. Francis and the Lady Chichester Hospital Management Committee.

The Obstetrics Committee of the Brighton Executive Council.

VITAL AND GENERAL STATISTICS

Home population Mid-year (Registrar-General's estimated figure)	160,290
Area (in acres)	14,613
Number of houses and flats (including dwellings over shops) at 1st April 1973	60,278
Rateable value of Borough at 1st April 1973	£23,105,297
Estimated product of the rate of one penny 1973/74	£221,000
Marriages, 1516 Rate per 1,000 population 9.4	
Live births:	1702 *
Live birth rate (per 1,000 population)	10.7 *
Stillbirths - total	14 *
Rate per 1,000 (live and still/births)	8 *
Total live and stillbirths	1716 *
Infant deaths	29 *
Infant mortality rate per 1,000 live births-total	17 *
Neonatal mortality rate per 1,000 live births	12 *
Early neonatal mortality rate per 1,000 - live births	8 *
Perinatal mortality rate per 1,000 live and still births	16 *
Maternal deaths (including abortion)	- *
Maternal mortality rate per 1,000 live and still births	- *

* Calculations have been based on local statistics as Registrar General's returns not yet available.

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Incidence

The number of cases of infectious disease notified during the year, including the cases admitted to York Ward and Emergency Ward 2, Royal Sussex County Hospital, together with the comparison of the number of cases reported for 1972, are shown in the tables on pages 12 and 13.

The present isolation facilities which are wholly contained on the first floor of York Ward, comprises four cubicles each containing a single bed. This represents one isolation bed for every 42,000 population as far as Brighton district is concerned, which, when considering the additional cover provided to other local authorities, is very inadequate. Furthermore, because of nursing staff shortage, the nurses employed in York Ward are carrying out nursing duties to both infectious and non-infectious cases; a practice which leaves much to be desired.

Scarlet Fever

The number of notified cases for 1973, when compared with the figures shown for 1971 and 1972, tends to show a "levelling off" in the incidence of this disease. Nevertheless, we must not be too complacent in thinking that the infection is now under control.

Dysentery

The comparison of 40 cases reported for 1973 shows a decline of some 22.8% on the 1972 figure. This is not really significant since it is known that quite a large number of cases of diarrhoea which could be of dysenteric origin are often ignored by parents as a "slight stomach upset", resulting in a number of children becoming symptomless carriers of bacillary dysentery. Unless parents and persons having charge of children report to their local general practitioners such incidences of diarrhoea, other than those created by applied laxatives, dysentery will continue to remain a medical nuisance.

Food Poisoning

The causative organisms in the 11 cases notified were as follows :

Salmonella typhimurium	6
enteritidis	1
havana	1
heidelberg	2
newport	1

The number notified is much the same as last year and does not necessarily indicate that food poisoning is on the decline. In fact, it is known that a new strain of food poisoning organism called *Bacillus cereus* has been found in boiled rice served in Chinese restaurants. This organism, depending on the degree of contamination, can produce symptoms of nausea, vomiting, abdominal pains, diarrhoea and prostration from any period between 15 minutes to 5 hours.

Diphtheria

For the tenth year in succession, no case of diphtheria has been reported.

Poliomyelitis

I regret to report that the 11 year period free of poliomyelitis cases has been broken by a reported incidence of a non-paralytic poliomyelitis discovered in a holiday visitor to Brighton. Subsequent investigation into known contacts has fortunately revealed that the case was an isolated one. The patient was admitted to Bevendean Hospital and made an uneventful recovery.

Whooping Cough

Though there is an increase in the number of notified cases of whooping cough over the figure given for 1972, it rather indicates that the immunising procedure has had some effect in keeping this disease to within reasonable limits.

Measles

There now appears to be an absence of the biennial trend in which the number of cases of measles rise and fall on alternate years. The figure of 256 notified cases of measles for 1973 compared with 274 cases reported for the previous year can only indicate that the routine immunisation against this disease has proved to be most effective.

Infective Jaundice

The reported number of cases for 1973 is much lower than the notified cases for 1972, but as previously reported, this disease has a tendency to manifest itself from time to time.

Diseases Noted during the year 1973

NOTIFIABLE DISEASE	At all ages	Age Incidence										
		Under										25+
		1	1	2	3	4	5-9	10-14	15-24			
Measles	256	15	25	21	31	26	109	12	10		7	
Dysentery	40	-	3	2	2	4	10	-	7		12	
Scarlet Fever	38	-	-	1	5	1	18	4	6		3	
Diphtheria	-	-	-	-	-	-	-	-	-		-	
Meningococcal infection	7	1	-	1	-	1	1	-	1		2	
Acute poliomyelitis: paralytic	-	-	-	-	-	-	-	-	-		-	
non-paralytic	1	-	-	-	-	-	-	-	-		1	
Ophthalmia Neonatorum	6	6	-	-	-	-	-	-	-		-	
Whooping Cough	17	-	1	2	2	4	8	-	-		-	
				0.4	5.14	15.44	45.64	65+				
Smallpox	-	-	-	-	-	-	-	-	-		-	
Anthrax	-	-	-	-	-	-	-	-	-		-	
Yellow Fever	-	-	-	-	-	-	-	-	-		-	
Acute Encephalitis infective	-	-	-	-	-	-	-	-	-		-	
post infectious	-	-	-	-	-	-	-	-	-		-	
Leptospirosis	-	-	-	-	-	-	-	-	-		-	
Paratyphoid	1	-	-	-	-	1	-	-	-		-	
Enteric or Typhoid Fever	2	-	-	-	-	2	-	-	-		-	
Food Poisoning	11	-	1	4	2	2	2	2	2		-	
Tetanus	-	-	-	-	-	-	-	-	-		-	
Infective Jaundice	19	-	-	-	4	11	3	1	1		-	
Tuberculosis (see p.43)												
Malaria	2	-	-	-	-	2	-	-	-		-	

Disease	1973	1972	Disease	1973	1972
Measles	256	274	Yellow Fever	-	-
Dysentery	40	57	Acute Encephalitis	-	-
Scarlet Fever	38	34	Leptospirosis	-	-
Diphtheria	-	-	Paratyphoid	1	3
Meningococcal Infection	7	1	Enteric or Typhoid Fever	2	-
Polio myelitis	1	-	Food Poisoning	11	9
Ophthalmia Neonatorum	6	-	Tetanus	-	-
Whooping Cough	17	7	Infective Jaundice	19	30
Smallpox	-	-	Malaria	2	-
Anthrax	-	-			

Veneral Diseases

New local cases treated at the Brighton Special Treatment Centre:

	1973		1972	
	M	F	M	F
Syphilis	14	2	22	2
Gonorrhoea	283	113	228	113
Other conditions	297	115	250	115
	753	354	633	370

The total number of patients attending the Brighton Centre for the first time was 3,111.

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD HEALTH - THE UNDER FIVES

Dr. Margaret Parker, Senior Medical Officer

Following talks and demonstrations by Dr. Rosemary Graham on developmental assessment of children, efforts have been made to encourage more regular attendance for yearly health and developmental checks at the Child Health Clinics.

Dr. Warren has attended the six-week course in Developmental Paediatrics at the Institute of Child Health and is able to examine and assess any child thought by the Health Visitor or Clinic Doctor to be retarded in its development.

Some General Practitioners run their own well baby clinics, but much of the responsibility for identifying children with handicaps still remains with the Health Visitor. It is her report which so often initiates action leading to assessment of a child's handicap.

Handicapped Children

Many physical handicaps are obvious at birth and early diagnosis and treatment at hospital results. Not always, however, do the parents of these children receive adequate counselling; probably, it is assumed that "somebody else" is helping the parent.

The arrival of a handicapped child in a family is a traumatic experience for parents and siblings. The parents will want to know why this happened and can it happen again, how are they to care for the child and how can they manage. They need to be told how to help the child, how to get in touch with other parents of handicapped children, what facilities there are locally for their aid and for the education of their children.

Under a reorganised National Health Service, it should be possible to decide where the responsibilities for this parent counselling lies.

Congenital Malformations

Twenty-three abnormalities noticed at birth (20 live, 3 stillbirths) were notified to the Registrar General.

"At Risk" and Handicapped Registers

Three hundred and thirty three were placed on the "At Risk" Register, one hundred and fifteen remained after one year.

The number at present on the Handicapped Register under five years of age is one hundred and twenty one.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Records were received for 772 persons. The following table gives the numbers vaccinated and the percentage vaccinated with each age group.

	Under 1 year		1 year		2-4 years		5-15 years		Total under 16 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Primary	45	2.4	59	3.0	44	0.8	33	0.1	181	0.5
Re-vaccination	2	0.1	12	0.6	49	0.8	528	2.3	591	1.8

The smallpox vaccinations and re-vaccinations were given by the family doctors.

Smallpox lymph was posted to family doctors and hospitals as required.

A laboratory technician at a London Hospital contracted smallpox in April, and three contacts also developed smallpox. The demand for smallpox vaccination was very high during April and May, mainly for persons who were travelling abroad. London was declared free of smallpox on 12th May.

Cholera Vaccination

An outbreak of cholera in Naples necessitated the cholera vaccination of all persons travelling to the infected area in September and October.

Yellow Fever Vaccination

The Yellow Fever Vaccination clinic was open for 51 Thursday afternoons and 1,627 patients attended. This was 177 less than in 1972.

Diphtheria, Tetanus, Whooping Cough, Polio, Measles and Rubella Immunisations

		1973	1972	1971	1970	1966-1969	Others Under 16 yrs	Total Under 16 yrs
Diphtheria/Tetanus Whooping Cough	Primary	60	1130	196	17	21	3	1427
	Booster	-	2	2	-	8	2	14
Diphtheria/Tetanus	Primary	-	8	9	9	18	2	46
	Booster	-	-	-	2	1343	58	1403
Diphtheria	Primary	-	-	-	-	-	-	-
	Booster	-	-	-	-	1	-	1

		1973	1972	1971	1970	1966-1969	Others Under 16 yrs	Total Under 16 yrs
Tetanus	Primary	-	-	-	3	7	48	58
	Booster	-	-	-	-	7	2	9
Sabin Oral Polio	Primary	60	1140	209	34	47	8	1498
	Booster	-	2	2	2	1358	63	1427
Measles	Primary	4	632	378	64	76	4	1158
	Booster	-	-	-	-	-	-	-
Rubella	Primary	-	-	-	-	-	1438	1438
	Booster	-	-	-	-	-	-	-
Total Diphtheria	Primary	60	1138	205	26	39	5	1473
	Booster	-	2	2	2	1352	60	1418
Total Whooping Cough	Primary	60	1130	196	17	21	3	1427
	Booster	-	2	2	-	8	2	14
Total Tetanus	Primary	60	1138	205	29	46	53	1531
	Booster	-	2	2	2	1358	62	1426

Diphtheria, Tetanus, Whooping Cough Immunisation

The family doctors gave 58% of the total primary immunisations with diphtheria/tetanus/whooping cough triple antigen, and the Child Health Centres gave 42%

40% of the total boosters of diphtheria, tetanus were given by family doctors, 44% by the Child Health Centres, and 16% by the School Clinic.

Measles Vaccination

1,158 children received measles vaccination, a reduction of 30 below the total for 1972.

Rubella Vaccination

All girls aged 12 years at the commencement of the school year were offered the rubella vaccination at secondary and high schools. 1,438 girls received the rubella vaccination totalling 67% of the girls in the age group.

Several schools were visited in the Spring term and again in the Autumn term because of a re-arrangement of the timetable. This caused the increase in the number of girls vaccinated

Poliomyelitis Vaccination

Sabin Oral Vaccine was used throughout the year.

Completion of Primary Course of Three Oral Polio

Year of Birth	General Practitioner	Child Health Centres	School Clinic	Totals
1973	20	40	-	60
1972	643	497	-	1140
1971	143	66	-	209
1970	30	4	-	34
1966-1969	24	11	12	47
Others under 16	-	7	1	8
TOTALS	860	625	13	1498

The total number of primary polio courses given was 226 less than in 1972.

Boosters of Oral Polio Vaccine

Year of Birth	General Practitioner	Child Health Centres	School Clinic	Totals
1972	-	2	-	2
1971	-	2	-	2
1970	-	2	-	2
1966-1969	554	611	193	1358
Others under 16	4	27	32	63
TOTALS	558	644	225	1427

The total number of boosters of oral polio vaccine was 68 less than in 1972.

Influenza Vaccination

The Ambulance Service, Crematorium Staff, Health Visitors, Midwives, Public Health Inspectors and District Nurses were offered influenza vaccination in the autumn and a total of 129 members of the staff attended.

Computer Appointment Scheme

The computer appointment scheme continued during 1973.

Anthrax Vaccinations

2 vaccinations were given to a member of the Public Abattoir staff in January and July.

B.C.G. Vaccination of School Children

<u>Children at Secondary/High Schools</u>	<u>Maintained Schools</u>		<u>Independent Schools</u>	
Estimated number of eligible pupils	1024		390	
Number of Consents received	971		308	
Number of Skin Tests	834		294	
Positive Reactors to Skin Tests	39		17	
Post Vaccination Positive	40		12	
Vaccinated	676		252	
	<u>1973</u>	<u>1972</u>	<u>1973</u>	<u>1972</u>
Positive Reactors as % of Persons Skin Tested	4.7%	5.1%	5.8%	8.3%
Positive Reactors + those vaccinated as % of the estimated number eligible	69.8%	73.8%	69.0%	67.5%

The total of 928 B.C.G. vaccinations given during 1973 is 576 less than the total for 1972.

The reduction has occurred because the age of entry to secondary/high schools was raised from 11 years to 12 years in September. No B.C.G. vaccinations were given to children in maintained schools during the autumn term.

Positive reactors who had not previously received a B.C.G. vaccination were given appointments to attend for X-ray at the Brighton Chest Clinic, 2 children were recalled for further examination.

Further Educational Establishments

B.C.G. vaccinations were offered to the Sussex University and the Colleges of Further Education.

Nobody attended from the Colleges of Further Education, but the attendances at the University were :

Skin tests	..	..	..	..	..	..	..	157
Positive reactors to skin test	..	..	..	..				43
Vaccinations	..	..	..	..	..	..	..	56

The proportion of positive reactors was 27% compared with 50% in 1972.

X-ray appointments were not made because the students had received an annual chest X-ray from the Mass Radiography Centre.

Skin Tests and B.C.G. Vaccination

The skin tests were given by a School Nurse and the vaccinations were given by a Medical Officer.

DENTAL HEALTH

J.B. Herington, L.D.S., R.C.S., Chief Dental Officer

The Maternity and Child Welfare Services provided by the Dental Department in 1973 showed a continuation of previous policy and effectiveness. Once again the maternity section was for practical purposes nil; for the pre-school child a full service was provided for all patients requesting it. The introduction has normally been by way of the three year Birthday Greeting Card which has maintained its pattern of a 10-11% response and where mothers of under three year olds have shown some dental concern by referral through our medical and welfare officer colleagues to whom I am most grateful for their help in this work.

8% of clinical time has been spent on this part of our work. Five hundred and ninety five children were given a first inspection and the appalling facts of our dental health are demonstrated in that 25% of them required treatment even at this age. They required three hundred and sixty one fillings at an average rate of 2.6 fillings each, and one hundred extractions at an average rate of 0.7 teeth each - and their average age just four years. One hundred and ninety nine of these patients were given a further inspection during the year when thirty one (15%) of them again required some treatment.

My priority hope for the National Health Service reorganisation plans this year is that our birthday card system will be given full encouragement. It is a scheme for introducing young children to the dentist at an early age and has shown its great value during the years it has operated in Brighton, not only as an introduction but I am afraid, as the above figures verify, as a clinical necessity.

Part A. Attendances and Treatment

Number of Visits for Treatment during the year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	(1) 161	(13) 1
Subsequent Visits	(2) 243	(14) 2
Total Visits	<u>404</u>	<u>3</u>

Number of additional courses of treatment other than the first course commenced during the year	(3) 31	(15) -
Treatment provided during the year - Number of fillings	(4) 361	(16) 5
Teeth filled	(5) 339	(17) 5
Teeth extracted	(6) 100	(18) -
General anaesthetics given	(7) 35	(19) -
Emergency visits by patients	(8) 28	(20) -
Patients X-rayed	(9) 2	(21) -
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	(10) 7	(22) -
Teeth otherwise conserved	(11) 14	(23) -
Teeth root filled		(24) -
Inlays		(25) -
Crowns		(26) -
Number of courses of treatment completed during the year	(12) 116	(26) -

Part B. Prosthetics

Patients supplied with F.U. or F.L. (first time)	(31) -	(27) -
Patients supplied with other dentures	(32) -	(28) -
Number of dentures supplied	(33) -	(29) -

Part C. Anaesthetics

General anaesthetics administered by Dental Officers	(30) -
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Part D. Inspections

Number of patients given first inspection during year	(A) 595	(D) 1
Number of patients in A and D above who required treatment	(B) 154	(E) 1
Number of patients in B and E above who were offered treatment	(C) 138	(F) 1
Number of patients re-inspected during year	(J) 199	(K) -

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternal and Child Health patients:

For treatment	(G) 44
For Health Education	(H) 51

PERSONAL HEALTH SERVICES
Mrs. Eileen Cotter, Director of Nursing Services.

ESTABLISHMENT

Director of Nursing Services	1
Nursing Officer (Midwifery)	1
District Midwives	10
Area Nursing Officer (Preventive)	1
Nursing Officers (Health Visitors)	4
Health Visitors	31
Student Health Visitors	2
Sessional Nurses	8*

*full-time equivalent

The School Nurses' and District Nurses' establishments are recorded separately

STAFF CHANGES IN 1973

Resignations

Director of Nursing Services	Mrs. E. Cotter	31.12.1973	
Superintendent Midwife	Mrs. M. Wood	31.5.1973	(Retired)
Senior Midwife	Miss. C.M.J. Dean	31.5.1973	(Retired)
Midwife	Mrs. G. Brooks	20.7.1973	
Health Visitor	Miss M. Cole	31.8.1973	
Health Visitor	Miss S.H. Jones	5.8.1973	
Health Visitor	Miss E. McCluskey	31.3.1973	(Retired)
Health Visitor	Miss D.H. Walsh	31.3.1973	

Appointments

Midwife	Miss G.A. Brooks	8.1.1973
Midwife	Mrs. J. Matson	1.9.1973
Midwife	Miss J.J. Pook	13.8.1973
Midwife	Miss J.N. Wakefield	21.5.1973
Health Visitor	Miss S.P. Astbury	6.8.1973
Health Visitor	Miss N.H. Brueton	24.9.1973
Health Visitor	Mrs. J.M. Elphick	6.10.1973
Health Visitor	Miss S.H. Jones	26.3.1973

Student Health Visitors sponsored for training for 1973.

Student Health Visitor	Miss E.L. Rankin
Student Health Visitor	Miss M.M. Munt

Staff Training

Two Health Visitors, Miss K.M. Kerr and Miss H.M. Manley were accepted by Bolton College of Education for the Health Visitor Tutor Course commencing in September 1973.

Dr. Rosemary Graham from the London Borough of Wandsworth took part in a second most interesting one-day seminar on Developmental Paediatrics. Two two-day Family Planning Appreciation Courses were received with enthusiasm by all members of the nursing profession from Brighton, Hove and East Sussex Local Authority Staff.

Two Health visitors, Miss Hodgkinson and Miss Knight, completed a Lower Middle Management Course this year, Miss Hart and Mrs. Strickland having taken a similar course the year before. These four members of staff have been promoted to Nursing Officers under the Mayston Structure. Two Health Visitors commenced the Field Work Instruction Course during the year. Health Visitors and Midwives attended various refresher courses in various parts of the country and study days arranged locally by the School of Nursing and East and West Sussex County Councils. Clinic nurses particularly enjoyed a study day at Hassocks arranged by East Sussex.

Community Nursing Experience

During 1973, 169 students accompanied the staff during home-visiting sessions, and also attended Child Health Clinics. These students came from a variety of sources:-

- Student Hospital Nurses
- Pupil Midwives
- Obstetric Nurse Students
- District Nurse Students
- Health Visitor Students (for out-county experience)
- Student Social Workers
- Senior School Staff with projects on Health Department services.

Co-ordination and co-operation of Community Nursing Services with Family Doctor and Hospital Services:-

a) Family Doctors

The work of the Health Visitors since attachment to general practitioner practices has increased, particularly where staff are working from surgeries. Due to lack of space it has not been possible to accommodate further staff in surgeries.

b) Hospital Liaison

Health Visitors continued to attend paediatric clinics twice weekly, and ward rounds with medical and nursing staff at the Royal Alexandra, Royal Sussex County, Brighton General and Bevendean Hospitals. Lunch time meetings with Paediatricians and nursing staff at the Royal Sussex County Hospital were held every three months and were found to be very helpful for all concerned. Parentcraft sessions continued in conjunction with Hospital and domiciliary midwives; plans have been made with members of Hove Health Visiting Staff to hold introductory courses for Mothers and Fathers in the evening. Senior health visiting staff have been invited and are attending regular divisional meetings with colleagues in the hospital field.

Early in the year it was hoped to complete the extension to the Morley Street Child Health Centre - this unfortunately had to be deferred, leaving three Health Visitors still working from Royal York Buildings.

Surveys

Oxford Survey of Childhood Cancers and National Child Development Study - further work by medical and nursing staff was carried out on these surveys during the year.

Medical Arrangements for Long-Stay Immigrants

The Health Visitor working from the Chest Clinic continued to visit these cases in order to assist immigrants with their medical arrangements and make appointments for any necessary X-rays.

Number of advice notes received	121
Number of successful visits	119

Nursing Homes

The number of Nursing Homes on the register at the end of the year was:-

Maternity Homes	Nil
Other Homes	17
Total number of beds	404

Maternal Deaths

No maternal deaths occurred during the year.

Child Health Centres

Number of children attending	0 - 12 months	1055
do.	1 - 5 years	2697
Total number of attendances at clinics		18926
Number of occasions children seen by doctor		7981
Number of children referred for Orthopaedic treatment		41
do. Ophthalmic treatment		94
do. Dental treatment		122

Child Health Clinics held at Doctors Surgeries (Group Practice Attachment)

Clinics were held at 7 surgeries

Total number of attendances at clinics	6178
Number of occasions children seen by doctor	2450

Child Health Clinic - University of Sussex

A clinic has been held on 9 occasions throughout the year.

Total number of attendances	79
Number of occasions children seen by doctor	9

Orthopaedic Clinic - Children under 5

Number of children treated	38
Number of attendances	72
<u>Surgeon's clinic</u> New cases seen by the Surgeon (included in numbers above)	4
Number of re-examinations	2

Verminous Cases

Four children under School age were cleansed at the School Clinic during the year.

Welfare Foods

Issues of Welfare Foods from kiosk at Royal York Buildings, Child Health Centres and Group Practices.

	1969	1970	1971	1972	1973
Orange Juice, bottles (Withdrawn during 1972)	44,043	43,053	43,530	6,239	-
Cod Liver Oil, bottles (Withdrawn during 1972)	2,375	1,947	1,157	12	-
A and D tablets in packets (Withdrawn during 1972)	2,786	2,855	1,830	903	-
National Dried Milk packets	20,310	17,361	7,458	6,017	6,678
A, D and C drops bottles (from April 1971)	-	-	3,339	7,735	6,520
Vitamin A, D and C combined tablets in containers (from April 1972)	- -	-	-	496	1,460

Premature Live Births

	Total	Died within		
		24 hours of birth	1-7 days	7-28 days
Born in hospital.....	112	10	-	1
Born at home and nursed there.....	-	-	-	-
Born at home and transferred to hospital on or before 28th day.....	-	-	-	-

Premature Stillbirths

Born in hospital 8
Born at home -

Family Planning

The Sussex Branch of the Family Planning Association acts as the Authority's agent. During the year financial responsibility was accepted for 265 cases. The Domiciliary Service has now commenced and financial responsibility was accepted for 14 cases.

Early Detection of Deafness

Of the 1,280 under five years of age who were screened, 70 were referred for detailed investigation.

Ante-Natal Clinics

Hospital	No. of Women Attending		No. Clinic sessions	
	Ante-Natal Clinics	Post-Natal Clinics	Ante-Natal	Post-Natal
ROYAL SUSSEX COUNTY	3,191	1,124	361	51

954 women were seen post-natally at the Hospital Family Planning Clinic

Notification of Intention to Practise for Brighton Area during year

Hospital	54
County Borough Domiciliary Midwives	12
East Sussex and Hove Domiciliary Midwives working in Brighton as a result of Group Attachment	18
Brighton District Nursing Association	1

Ophthalmia Neonatorum

1. Total number of cases notified during the year 5 (excludes one non-resident)
2. The number of cases in which :
 - (a) Vision lost 0
 - (b) Vision impaired 0
 - (c) Treatment continuing at end of year 1

Nurses Agency

There were four licensed nurses' agencies on the register at the end of the year, with the following number of nurses on the register :

Female	S.R.N.	314
Male	S.R.N.	9
Female	Others	5
Male	Others	2
Female	Enrolled	67
Male	Enrolled	3
Certified Midwives		35

DOMICILIARY MIDWIFERY SERVICE

Non-Medical Supervisor:	Miss S.C. Owst (Area Nursing Officer, Clinical)
Nursing Officer:	Mrs. S. Mulcahy
Midwives:	Miss F. Bellerby
	Mrs. N. Birks
	Miss M. Holdaway
	Mrs. S. Jones
	Mrs. J. Matson
	Miss J. Pook
	Miss J. Wakefield
	Mrs. M. Wilkinson
	Mrs. A.C. Wood

Resignation of Superintendent of Midwives

It was with much regret that colleagues said goodbye to Mrs. M. Wood at a retirement party at the Royal Pavilion in May 1973. Mrs. Wood had worked in Brighton for 28 years; during this time there have been many changes but the service always maintained its very high standard of care to the mothers and babies under her guidance.

It was also with regret that Miss C. Dean, Senior Midwife, retired in August 1973 on medical grounds. Miss Dean had worked in Brighton for 15 years and to both of these staff we would like to thank them for their devoted service to the Midwifery Service in Brighton and to wish them a happy retirement.

Three new midwives have joined the staff during 1973, Mrs. Matson, Miss Pook and Miss Wakefield, the latter transferring from the District Nursing Service.

Number of home confinements was 14.

Early discharge from hospitals for Home Nursing 1680.

The Community Care Training for the Part 2 Pupil Midwives from Southlands continues, also the visits into the Community for the Obstetric Nurse Training from the Royal Sussex County Hospital.

Maternity Work

Hospital	No. of Beds	No. Women Delivered		No. of Practising Midwives in Wards at End of Year
		Admitted from Brighton	Admitted from elsewhere	
ROYAL SUSSEX COUNTY	52	1,675	1,276	42

HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association.

The establishment is :

40 S.R.N.

13 S.E.N.

1. The total number of persons nursed during the year	9,975
2. Number of persons who were aged under 5 at first visit in 1973	1,156
3. Number of persons who were aged between 5 and 64 at first visit in 1973	3,959
4. Number of persons who were aged 65 or over at first visit in 1973	4,860

Developments within the District Nursing Service

The commencement of the Night Nursing Service on 1st October 1973 now means there is a 24-hour Community Nursing Service for patients who have Brighton General Practitioners. There is an evening service with a District Nursing Sister working 7.30 pm. to 11.30 pm. The actual night service is covered by a District Nursing Sister and a Nursing Auxiliary working 9 pm. to 8 am. They are complemented by two night sitters on each night working 10 pm. to 6 am. and the extra staff recruited for this service is as follows :-

- 1 Full-time District Nursing Sister
- 5 Part-time District Nursing Sisters
- 1 Full-time Nursing Auxiliary
- 2 Part-time Nursing Auxiliaries
- 7 Part-time Night Sitters

This new service has been well used, all patients are referred by the day staff, the average number of patients visited each night is thirty; referrals are still made on a priority basis. There is a need to expand the service.

I would like to thank Officers at the Ambulance Station for making it possible to use an office at the Station for a base and for the co-operation of all Officers concerned.

CARE OF THE AGED 1973

The number of aged known to the Section is 9,301 which is an increase of 465.

The number of cases visited by the Geriatric Health Visitors - 2,314.

Cases visited by the Group Practice Health Visitors - 4,336.

" " " " Geriatric Ancillary staff - 3,383.

Removals under Section 47 - 12.

Services requested from the Geriatric Section:-

Laundry Service	39
Inco Pad Service etc.	109
Home Helps	198
Meals on Wheels	115
Weekend Care	42
Loan of Commodes	83

During the year 1973 the increase in the number of aged notified to the Department is evident. The necessity for supporting a client and his relatives or friends during the 24-hour period while awaiting admission to hospital or residential home is still very much part of the work performed by the Geriatric Health Visitor and her colleagues in the field, and it does not appear that this work will lessen in the near future although the night observation and night-sitting service now provided by the District Nursing staff is of considerable help while the client is receiving nursing care.

The very aged - 85/95 years and onwards - are constantly being notified to the Department mainly for supportive services and advice regarding more permanent help in their future years; it is the elderly relative or friend who has generally been giving the care and in this situation it is also possible for the Geriatric Health Visitors to give preventive advice and help to this section of the community at the same time.

The chiropody, laundry and incontinent pad services have been used extensively, and we have referred many clients to the Social Services Department for convalescent and relative-relief holidays to give the necessary break to an exhausted family or friends. The Geriatric Health Visitors have continued the close liaison with the Geriatrician and the Geriatric Unit at Brighton General Hospital; the opening of the Briggs Day Hospital has increased the number of clients now having assessment there and this is helpful in arranging more constructive help for them in the community with an early knowledge of the total situation. The liaison with the Royal Sussex County Hospital, New Sussex Hospital, Bevendean and the Eye Hospital continues and also with our colleagues in the Brighton Social Services Department and in Hove where necessary. Contact and liaison with the voluntary organisations continues and much support has been obtained for our clients in the need of social contacts and outings through this, e.g. Luncheon Clubs, etc.

Last year we envisaged a new era of care for the elderly in the community through the opening of Day Hospitals and Day Centres. In the coming years our closer integration with others caring for the elderly should ensure less likelihood of the continuity of that care being disturbed. However, there are still many old people in our society whose needs, if they are to be met constructively, still require the full assessment and personal approach of a home visit, very often more than one, and the need to establish a 'link' with those who endeavour to support them through the provision of domiciliary services.

A considerable increase in the number of old people removed under Section 47 of the National Assistance Act 1948 is apparent this year. It is mainly due to the fact that all, with the exception of three cases, had been known and kept under surveillance by the Geriatric Health Visitor for six years and over and one had been known for sixteen years before action had been considered necessary by the Medical Officer of Health.

HEALTH EDUCATION

R. E. Brown, Health Education Organiser

I am pleased to report that the year has shown a remarkable increase in the activities of health education in schools. The number of films borrowed from the Health Education Library (as seen below) shows an increase of 300 since the last report. This is principally due to schools taking a wider interest and availing themselves of the Section's facilities.

During the year a joint meeting with representatives of the Education Department and School Headmasters was held to discuss health education in schools, the outcome of which could account for such a large increase in the borrowing of films.

It was also encouraging to note the increasing interest shown by schools by their invitation to the Health Department to provide speakers on health education subjects.

The number of in-service training, talks and discussions (with particular reference to the workings of the Department) also doubled during the year.

At the request of the School of Nursing regular courses were attended by me to lecture on practical health education. From the interest shown by the students it is clear that the need for such information is a valuable asset to their studies.

The Smoking Advisory Clinic continued to flourish and once again the demand exceeded the places available. The number of people who stopped rose once again to 41%. Both Dr. F.B. Meade, Chest Consultant, and I wholeheartedly believe in the work carried out in combating the smoking problem, and I believe this is illustrated by the success rate.

The regular weekly Radio Brighton programmes were maintained and during the year a series arranged, with the co-operation of the Brighton and Lewes Hospital Management Committee, of Consultants and Doctors within the Group to take part in the programme.

The Department's caravan was used on two occasions only in the early part of the year as its loan was requested by a local hospital for use as temporary office accommodation whilst a building was being renovated. Because of this the section was unable to participate in its regular activities later in the year.

Monthly campaigns were held and during October a new departure was made in exhibiting an animated display on 'Firework Safety' in Royal York Buildings. The impact was such that it is felt that some future displays should take an animated form to attract maximum attention.

1974 will see many changes due to re-organisation but it is hoped that Health Education will continue in its ever increasing task of preventing disease within the community.

The following are the list of services provided by the section during the past year:-

Talks to Organisations	62
Film and Slide showings to Organisations	80
Health Publicity Campaigns and Displays	15
Mobile Caravan Displays	2
Radio Brighton (Regular series)	49
Radio Brighton (Others)	14
Lectures and Discussions (Students)	22
Courses and Lectures	9
Sessions in Schools	117
Smoking Advisory Clinic Sessions	30
	<hr/> 400 <hr/>
Films borrowed from Health Education Library	447
Slides " " " " "	298

Deaths from Home Accidents 1973 analysed by age

	-1	1-4	5-9	10-14	15-24	25-44	45-64	65+
Male	-	-	-	-	-	-	-	12
Female	-	-	-	-	-	-	2	40
Totals	-	-	-	-	-	-	2	52

Locally prepared figures

CANCER PREVENTION CLINIC

In 1973 clinics were held regularly on Wednesday evenings and Friday mornings throughout the year with the exception of August.

1466 women were screened and 422 women had the test for the first time.

A positive smear was reported in 4 women aged 48, 40, 32 and 26 years old. There were 26 breast referrals but no cases of cancer of the breast.

<u>Clinic details:</u>	<u>1972</u>	<u>1973</u>
Attendance	1341	1466

Confirmed positives:

Cervix	1	4
Breast	3	-

Referrals to G.P.:

Polyps	30	42
T.V. Infection	66	41
Breast conditions	37	26
Other conditions	179	186
Urine conditions	6	3

Assistance with Nursing Home Fees

Contributions were obtained from various sources, including the National Society for Cancer Relief, a charitable fund administered by the Mayor and from another charitable fund the Hedgecock Bequest.

AMBULANCE SERVICE

Officers and Staff of the Ambulance Service :

Chief Ambulance Officer : E.R.Kimber, FIAO., FICAP., FICD., AMRSH.
 Assistant Ambulance Officer : S.A.Charlwood, GIAO.
 Assistant Ambulance Officer : C.Relf, GIAO.
 Deputy Superintendent (Control) C. Donno GIAO.
 Deputy Superintendent (Training) A. Bunney
 Station Officer (Hospital Co-Ordinator) : A. Mackay
 Station Officer (Driving Training) : F. Hurley
 Station Officer (Premises and Plant) : P. Spanton
 Shift Leaders : V.Martin, C.Lyons, A.Redman and A.Seager.
 Leading Ambulancemen : H.Pickett, D.Brown, G.Thomas, W.Reynolds and N.Stoner.
 45 Ambulancemen 16 Ambulancewomen 5 Driver/Clerical

The number of patient journeys covered by the directly operated service was 116,935, a decrease of 4574, which together with 1449 patient journeys covered by H.C.S. brought the total patient journeys for which the Service is administratively responsible to 118,384.

The directly operated service covered 424,826 miles (an increase of 460 miles) and the miles run per patient journey was 3.63.

Compared with 1972, increases and decreases are as follows :

	Increase	Decrease
Accident & Emergency	442	
Inter Hospital		661
Maternity		213
Mental		51
Infectious		29
Others		214
Hospital to Home		135
Treatment		236
Treatment Returns		148
For other L.H.A.		197
Downsview Treatments		990
" Returns		897
18 Club Treatments		495
" Returns		680
H.D.Occupational Therapy Treatments		16
" " Returns		5
Day Nursery	In 180	Return 123
Others		106
	<u>622</u>	<u>5196</u>
	<u>Net Decrease</u>	<u>4574</u>

DECREASE DUE TO INDUSTRIAL DISPUTE

A Classification breakdown and comparison
of Emergency Calls into differing types
reveals the following :

1. <u>Type of Call</u>	<u>1972</u>	<u>1973</u>	<u>+ OR -</u>
(a) Road Traffic Accident	723	717	- 6
(b) Accident in Street or Public Place	1238	1231	- 7
(c) Accidents in the Home	930	821	- 109
(d) Emergency Calls to Schools	260	290	+ 30
(e) Assaults	186	250	+ 64
(f) Illness in Street or Public Place	1061	1247	+ 186
(g) Illness in Home	1661	1889	+ 228
(h) Miscellaneous	163	249	+ 86
2. <u>Type of Injury (or Illness)</u>			
(a) Injury to head	1256	1377	+ 121
(b) Injury to chest	235	224	- 11
(c) Injury to arms	611	610	- 1
(d) Injury to abdomen	260	267	+ 7
(e) Injury to legs	957	983	+ 26
(f) Injury to back	143	164	+ 21
(g) Multiple injury	39	96	+ 57
(h) Heart	233	316	+ 83
(i) Epileptic	132	160	+ 28
(j) 1 Death - accident	52	47	- 5
(j) 2 Death - illness	135	167	+ 32
(k) Drunk	105	126	+ 21
(l) Shock	197	116	- 81
(m) Collapse	1043	970	- 73
(n) Epistaxis	53	63	+ 10
(o) Miscellaneous	386	611	+ 225

Appendix A

DECEMBER				
Type of Case	Average Month Approx.	Patients Conveyed	+ or -	Expected total for year on Average Monthly Figures
+ Accident and Emergency	564	492	72	6694
Inter Hospital	198	59	139	2381
+ Maternity	50	54	4	663
Mental	72	32	40	935
Infectious	3	3	-	33
Others	407	327	80	4884
Hospital to Home	538	96	442	6458
Treatments	3669	873	2796	44031
Treatment Returns	3482	745	2737	41791
For other L.H.A.	22	NIL	22	270
Downsview Treatments	266	13	253	3193
Downsview Returns	265	23	242	3182
18 Club Treatments	223	22	201	2681
18 Club Returns	210	19	191	2518
H D Occ.Thpy Treat.	29	4	25	352
H D Occ.Thpy Returns	29	4	25	354
Day Nursery In	171	20	151	1952
Day Nursery Returns	139	20	119	1671
Deceased	-	-	-	1
Others	32	1	31	386
<hr/>				
	10369	2807	4	7566
				124430

+ Not affected by Industrial Dispute

1973 Visits to Ambulance Station

Total number of visits : 40

<u>Organisation</u>	<u>Number Attending</u>
Nursing School etc.	233
Scouts & Guides	138
Church Groups, Young Wives' Clubs, etc.	105
St. John & B.R.C.S.	30
Various Brighton & Hove Schools	90
Police (Special Constabulary)	18
Motor Cycle Club	20
College of Education	18
Civil Aid Service	2
	<hr/>
	654
	<hr/>

The Control Room

JOURNEYS

In presenting the figures of patients carried, and mileage covered, for 1973, allowance needs to be made for the Industrial Dispute prevailing for most of December. The average monthly figure, covering 11 months' normal working, is shown previously (Appendix A) together with December figures for comparison. From this it will be seen that had working conditions remained normal, the total patient journeys for 1973 would have shown an increase of approximately 2,900 over the 1972 level of 121,509.

INTER-HOSPITAL AND DOWNSVIEW

Decreases in Inter-Hospital patients is partly accounted for through the transfer of Post-Natal patients from the Royal Sussex County Hospital to the Brighton General Hospital being discontinued. The considerable decrease in patients carried by minibus to and from Downsview Training Centre and the 18 Club does not show a comparable time/mileage saving, as the vehicles have still pick up points at locations some distance from these centres.

EMERGENCIES

The incidence of a continuing rise in Emergency Calls has the effect of having to provide crews immediately, and this is increasingly being met from Control Room Staff. An approximate 7% increase in this type of call is shown for the year.

DAY HOSPITALS

With the opening of the Briggs Day Unit during the year at the Brighton General Hospital, and coupled with the Day Centre at Bevendean Hospital, it has been necessary to employ a considerable amount of end of shift overtime. Patients attending these centres are slow to transport as they

are not always ready when called for, take a long time to dress, and on return need to be seen safely indoors. Their treatment continues until late afternoon, thereby restricting the return towards normal end of shift time.

Control Summary

The increased work load has been absorbed without any extra staff in Control. Changes early in the year resulted in less experienced persons being in Control, but with time they are becoming quicker in handling work. A Leading Ambulanceman has been added to the night shift giving 24 hour cover with regular Control Room Staff.

Training 1973

In-Service Training

1. INDUCTION COURSES FOR NEW ENTRANTS 23 new entrants each received 5 days' induction training.
2. DRIVING TRAINING Thirteen members of the staff were given driving training. A total of 135 hrs. was given. Mr. Evans of Endeavour Motors Ltd. gave a talk on the 'Automatic Gear Box'.
3. AMBULANCE AID TRAINING 10 members of the staff received a refresher on Ambulance Aid Training. Sessions were of varying length from 1-5 days. A total of 24 days' training was given. Some training sessions of 1-2 hours were given to a large number of staff and when the exigences of the service allowed.
4. OPERATIONAL TRAINING 15 members of the staff were given operational training. A total of 30 days were spent on this type of training.
5. HOSPITAL TRAINING AS REQUIRED BY A.S.A.C. RECOMMENDATIONS 9 members of the staff attended the Accident and Emergency Unit of the Royal Sussex County Hospital for periods of not less than 5 days.
6. CONTROL ROOM TRAINING A considerable amount of Control Room Procedures training, mostly of a practical nature, i.e. working under supervision in the Control Room, was done by staff who had volunteered for this training. The amount of Local Training carried out is governed to a great extent by the availability of staff. Owing to the increased demands being made by the service some difficulty has been experienced in releasing staff for training.

Training at Regional Schools

7. SIX-WEEK RECRUIT TRAINING COURSES 12 of the recent entrants to the Service attended these courses at the South Eastern Ambulance Training School, Banstead, Surrey or at the Southern Ambulance Training School at Bishop's Waltham, Hampshire.
8. TWO WEEK REFRESHER COURSES FOR AMBULANCEMEN 1 member of the staff attended one of these courses held at the Southern Ambulance School, Bishop's Waltham.
9. INSTRUCTOR COURSES 2 members of the staff attended Instructor Courses held at Regional Training Schools; both failed to obtain a 'Pass' Certificate.

10. INSTRUCTOR'S REFRESHER COURSES A/A/O Relf attended an Instructor's Refresher Course at Wrenbury Hall, Cheshire.
11. EXPERIENCED CONTROL OFFICERS' COURSE D/S Donno attended a two-week Experienced Control Officers' Course held at Banstead, Surrey.
12. LOCAL GOVERNMENT TRAINING BOARD. FIRST LINE SUPERVISOR'S COURSES FOR THE AMBULANCE SERVICE These courses were two-week courses held either at the Southern Ambulance Training School, Bishop's Waltham, or at the Hotel De-Novo, Felixstowe. 3 Station Officers, 4 Shift Leaders and 2 Leading Ambulancemen have attended these courses.
13. CARDIAC TRAINING 9 members of the staff completed Initial Training, 12 members completed 5-day Refresher training.

Training Summary 1973

23 New Entrants	-	115 days Induction Training
12 members of staff	-	135 hours Driving Training
10 members of staff	-	24 days Local Ambulance Aid Training
15 members of staff	-	30 days Operational Training
10 members of staff	-	Control Training
9 members of staff	-	Initial Cardiac Training
12 members of staff	-	Refresher Cardiac Training
9 members of staff	-	45 days Hospital Training at The Royal Sussex County Hospital

Regional School Training

12 Driver/Attendants attended	6-week Recruit Courses
1 Ambulanceman attended	2-week Refresher Course
2 Ambulancemen attended	Instructor Courses
1 Officer attended	Instructor's Refresher Course
1 Officer attended	Control Officer's Course
3 Officers	} Attended First Line Supervisors Courses
4 Shift Leaders	
2 Leading Ambulancemen	

Safe Driving Awards 1973

The following awards were obtained :-

- 18 Diplomas
- 3 6-9 Years Bars
- 2 11-14 Years Oak Leaf Bars

Vehicle Washing Machine

The antiquated method of cleaning the Ambulances has long been laborious, time-consuming and inefficient. The danger to staff of clambering up wet steps in rubber boots and dangling aprons to reach to upper parts of the vehicles, then on occasions having to scramble down, fling off wellingtons and apron, don uniform and shoes and rush out to answer an emergency call, was apparent for all to see and by the law of averages it was only a matter of time before a member would be involved in a serious accident.

Fortunately the Health Committee also foresaw this possibility and voted overwhelmingly to provide an Ambulance Washing Machine. The Health Committee Chairman - Councillor Poole - took a personal interest in this project and went with Corporation Officers to see the in-situ working of those units which had been selected as 'having possibilities'. Upon the final choice being made (in late autumn), the installation was expedited, and early in 1974 completion is expected and the unit should be working. Although not yet having had the pleasure of relief from the arduous cleaning chore, staff are anticipating it with great relish. Personnel have expressed their great appreciation of this excellent facility provided by the Health Committee and others concerned.

Cardiac Ambulances

These continue to perform first-class life-saving functions. With the receipt of a new type unit that combines a cardioscope and a defibrillator in one easily transportable piece of equipment, the operating ability of staff has been speeded up thus enabling them to bring aid to the victim within seconds of arrival rather than minutes, as previously, when the patient had to be put into the ambulance and connected to the limb leads before ascertaining the possibility of rectifying heart electrical failure. Checking and defibrillating can both be done at the roadside or other site of collapse now and the time saved can be the difference between life and death.

A breakdown of the figures in the first two complete years of operating this scheme where all work is carried out by the specially trained Ambulancemen is given on the attached sheet. No praise can be too high for the Consultant Cardiologist Dr. D. Chamberlain who is responsible for training these Ambulancemen to such a high standard.

Drugs A selected number of the Cardiac-trained Ambulancemen were trained to give 'stabilisers' and this seems to have had excellent results in 'holding off' the 'killers' long enough to enable the patient to be safely transported to hospital. The drugs are Lignocaine and Atropine delivered by the manufacturers in pre-set 'safe' amounts for intravenous injection.

Intubation Firstly trained by Consultant Anaesthetist Dr. Rex Binning, and on his retirement the training ably carried on by Dr. Paddy Williams, Ambulance staff have proved remarkably dextrous in their ability to perform these skills. They have been queueing for a long time now waiting for Medical 'monitoring of performance' but as others are also in the queue, we must learn to be patient.

BRIGHTON AMBULANCE SERVICE

	Actual Heart Cases (E.C.G. Readings taken)	Possible Heart Calls	Known not Heart Cases	Total Patients Conveyed	Defibrillated *Success/Others	<u>Vehicle Called By</u>	
						Doctor	999 others
1st Year 1st July 1971 - 30th June 1972	882	615	1964	3461	33 32	574	1655 1132
2nd Year 1st July 1972 - 30th June 1973	926	1146	1211	3283	18 22	786	1732 765
GRAND TOTAL FOR 2 YEARS	1808	1761	3175	6744	51 54	1460	3387 1397

* Means successful in reaching hospital with patient still alive

Miscellaneous Commitments

The various duties such as 'Operation Watchdog', 'Operation Liftback', 'Weekend Visiting of the Elderly' and 'Night Sitters' have been carried on throughout the year but with the formation of the Night Nursing Service which is based on the Ambulance Station during evening and night hours, the number of calls for assistance from Ambulance Staff has diminished.

Conclusion

It is extremely sad that our final full year with Local Government should end on such a discordant note as to have to admit that INDUSTRIAL ACTION is prevailing as the old year closes and it looks as though it will carry on for many weeks into the new. All hope that a speedy settlement will be found to enable Ambulance Staff to once more resume normal working.

QUINQUENNIAL AVERAGES

1956 1960 1961 1965 1966 1970 1971 1975

ANNUAL FIGURES

1971 1972 1973

Total Mileage	400 000		274,078	297,065	356,474		396,080	424,366	424,826
	350 000								
	300 000								
	250 000								
Total Patient Journeys	100 000		67,181	81,610	99,435		46,003	50,340	48,783
	95 000								
	90 000								
	85 000								
Treatment O P etc	45 000		25,624	32,584	40,657		43,933	48,054	46,202
	40 000								
	35 000								
	30 000								
Treatment Returns	45 000		24,147	30,562	38,462		6,554	6,151	6,016
	40 000								
	35 000								
	30 000								
Hospital to Home	6 500		5,593	5,574	5,655		5,434	5,479	5,159
	6 000								
	5 500								
Others	5 500		5,082	4,974	5,424		5,812	6,252	6,694
	5 000								
	4 500								
Accident and Emergency	5 000		3,219	3,770	5,089		3,326	2,903	2,242
	4 500								
	4 000								
	3 500								
Inter-Hospital	2 000		789	1,306	1,592		834	876	663
	1 500								
	1 000								
	500								
Maternity	1 500		943	1,084	926		966	946	895
	1 000								
	500								
Mental	1 500		1,029	1,045	972		95	62	33
	1 000								
	500								
Infectious	1 000		236	219	141		695	445	248
	500								
For other L H A	1 000		526	480	521		563	471	303
	500								
Rail	1 000		777	695	579		1,917	1,713	1,449
	500								
Patients carried by Hospital Car Service	4 500		295	813	3,476		3.5	3.5	3.6
	4 000								
	3 500								
	3 000								
Miles per Case Journey excluding Rail and Hospital Car Service	4 000		4.1	3.7	3.6		12	14	15
	3 500								
	3 000								
	2 500								
VEHICLES	2 000		11	9	10		10	11	12
	1 500								
	1 000								
	500								
STAFF	Officers		2	2	2		2	3	3
	Station Officers								
	Driver Attendants								
	Women Drivers								
Clerk Telephonists	4		5	7	7		44	46	48
	3								
	2								
	2								
TOTALS	45	52	59	62	64	66			

PREVENTION OF ILLNESS

TUBERCULOSIS

(Figures in brackets denote 1972 returns)

8,334(8,145) attendances were made at the Chest Clinic during the year, of which 2,679 (2,807) were by new cases.

377 (307) of the new cases were referred via the Mass X-Ray Unit. Three (1) of these had active tuberculosis.

165 (299) new contacts of cases of tuberculosis were examined during the year. None needed admission to hospital.

128 (118) B.C.G. Vaccinations were carried out at the Chest Clinic during the year.

53 (107) schoolchildren were X-rayed at the Chest Clinic during the year, following positive tuberculin tests at school. All the films were normal.

The total number of primary notifications during the year was 15 (24) pulmonary and 1 (2) non-pulmonary cases.

The total number of cases remaining on the Tuberculosis Register on 31st December, 1973, was 174 (187) pulmonary and 20 (23) non-pulmonary cases.

There were 78 (65) new cases of neoplasm registered at the Chest Clinic during the year.

Rehabilitation

The one case maintained at the British Legion Village, Aylesford died in February.

There were no new cases.

Supplementary Foods

On the recommendation of the Consultant Chest Physician official orders for milk, butter and eggs are given to patients to hand to their suppliers. During the year 21 patients were supplied with milk and of these 7 were also supplied with butter and eggs and 2 with eggs.

OCCUPATIONAL THERAPY

Three sessions were held each week in the work-room, Royal York Buildings, with an Occupational Therapist on duty. Home visits were also made to patients unable to attend.

Patients attending Royal York Buildings	11
Sessions held	153
Total attendances	795
Patients visited in their homes	17
Total visits made.....	121

1973 proved another year of regular attendance and interest shown by patients. Once more a Christmas Theatre party, with tea to follow, was much enjoyed by the group. During the summer a smaller number enjoyed an afternoon coach trip and appreciated the change.

There was an increased sale of articles from the showcase which was an incentive to patients to produce more articles.

Mass X-Ray

The East Sussex Mass Radiography Unit is based in Brighton. The Director of the Unit, Dr. B.G. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

	Male	Female	Total
Doctors' Referrals	1316	1232	2548
Other Examinees	7372	6788	14160
	<u>8688</u>	<u>8020</u>	<u>16708</u>
Included in the above figures:-			
Essential Users, Schools' Staff etc.	1953	3435	5388
Schoolchildren and Students	2748	1882	4630
Contacts	601	225	826

Assistance from Hedgecock Bequest

An allocation is made to this department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis and for the aged.

Expenditure during the year was as follows:-

Grants towards clothing	£5.00
Grants towards bedding	£34.00
Grants towards special food	£2.00
Assistance with Nursing Fees	£63.00
Grants towards cost of repairs and redecorating	<u>£130.73</u>
	<u>£234.73</u>

In addition a grant of £700 was made for assistance with Nursing Home Fees for terminal care. (See page 32)

CHIROPODY

The major event of the year has been the appointment of Mr. M. W. Donkin as the first Chief Chiropodist to the Department, on 1st June. On the staff side, three clinic chiropodists left in April, July and October respectively, and one retired in September, whilst two chiropodists joined the staff in July and August respectively. Two domiciliary chiropodists left the Department in June, but this has been largely offset by the appointment of two in June and July respectively, and the offer of existing domiciliary chiropodists to increase their caseloads. The total number of chiropodists at the end of the year was 10, representing a shortage in full-time terms of two. The waiting list for clinic chiropody was closed in May, but the domiciliary list was re-opened in August.

This year saw the introduction of a modernization scheme in the clinic with the ordering of a new electrohydraulic chair and modular units. Dust extracting drills have also been purchased to cut health risks to the staff. An Appliance Department has been set up and a schools chiropody service was due to be instituted from January, 1974.

The staff have been encouraged to follow postgraduate courses and three attended a refresher course at the London Foot Hospital, two attended a course on radiography and one course on administration and skin surgery.

The section is now expanding in many fields as new techniques are being made available to the chiropodists. However, it must be stressed that such advances will need to be accompanied by more postgraduate education and an updating of equipment and premises, the present rooms being quite unsuitable to present and future needs.

Given below are statistics for 1973, with comparable figures for 1972 in brackets.

Number of patients

Aged	1928	(1997)
Others	236	(241)
	<u>2164</u>	<u>(2238)</u>

Number of treatments

Clinic	8035	(8291)
Domiciliary	4222	(4569)
	<u>12257</u>	<u>(12860)</u>

DOMICILIARY RENAL DIALYSIS

One adaptation of a room for home dialysis was carried out and in a second property where such an adaptation was not possible, a cabin, similar to the one installed in 1972, was erected in the grounds.

Since these installations commenced in 1969 a total of 12 properties have been adapted.

LOAN EQUIPMENT

The Health Committee continued the annual grant of £750 to the British Red Cross Society for the facilities provided for the loan of equipment.

THE BRIGHTON CREMATORIUM AND BOROUGH MORTUARY

Mr. D.A. Smale, M.Inst., B.C.A.(Dip.)
Superintendent and Registrar

Brighton Crematorium, Woodvale:

Since the Crematorium opened in 1930 the Medical Referee has been the Medical Officer of Health for the County Borough and it would be appropriate if I recorded not only my thanks but the appreciation of my predecessors in this Office for the care, attention and willing co-operation given by the various Doctors who have acted as "Referees" over the past 43 years. In the first full year of operation 102 cremations were carried out at the Council's Crematorium at Woodvale. Last year there were 1,201 cremations and this figure is almost identical with that of the previous year. Nationally, cremation has now become established as the principal method of disposing of the dead in this country and in 1972 the figures show that of 655,511 deaths, 57.3% were cremated.

As mentioned in the report for 1972, no Government action has yet been taken in implementing all or part of the proposals of the Brodrick Committee's Report on Death Certification and Coroners which was published in 1971. A number of changes in procedures of the Department will result in consequence of the Local Government Act 1972 and subsequent proposed legislation in regard to cemeteries. All the functions relating to the care and disposal of the dead at present vested in the County Borough will remain with the new Brighton District Council.

Brighton Borough Mortuary:

The Superintendent and Registrar has been responsible for the day-to-day administration of the Mortuary since it was opened in 1962, and will be responsible for this service to the Environmental Health and Control Committee when certain of the functions of the Health Department are transferred on 1st April 1974. Last year there were 406 admissions to the Mortuary and this is the highest intake since the Mortuary came into operation. Of this number, 365 were the subject of autopsies and this range of cases extends from the tragic deaths of young children to those of elderly inhabitants and from "deaths from natural causes" to suicide and murder.

In all aspects of the work close co-operation continues between the staff of the Department, Ambulance personnel, Police, Funeral Directors and others who have need to use the facilities which are provided.

JOINT ADVISORY COUNCIL ON OCCUPATIONAL HEALTH

Six meetings were held during 1973. The membership at the end of the year was 22.

The topic studied by all Advisory Councils in 1973 was "NOISE". Mr. Paul Wadsworth, F.R.C.S., addressed a meeting and explained how loss of hearing could be caused by various types of noise. A further study was made of the means of modifying noise and of its elimination in the design of new plant. The Annual Conference on this subject was held at York and two Motions sent by Brighton were carried.

Establishment of a Voluntary Group Occupational Health Service

A pamphlet describing the scheme was circulated by the Chairman, Mr. W. T. Parsons, to employers, through the courtesy of the Brighton and Hove Chamber of Commerce and Trade and the Federation of Sussex Industries. The response from employers suggested that the next step should be the arrangement of a Conference early in the following year with the aim of setting up a Working Party.

The feasibility study carried out by Dr. C. Bagley and Dr. D. M. Richardson, with the co-operation of the Accident and Emergency Department of the Royal Sussex County Hospital indicated the number of casualties which could have been treated by an Occupational Health Service had one existed near their workplace.

The Joint Advisory Council continues its collaboration with the Brighton Corporation in connection with the implementation of the Mental Health Act 1959.

FACTORIES ACT 1961

On 1st February the Appointed Factory Doctor Service which undertook medical examinations of young persons under the Factories Act ended and was replaced by an Employment Medical Advisory Service of the Department of Employment which will deal generally with medical problems related to peoples' work and undertake such medical examinations as are considered necessary.

SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the Borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

WATER

I am obliged to Mr. J.D. Fairbank, F.I.C.E., F.I.W.E., F.G.S., M.B.I.M., Engineer and Manager, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.
2. Bacteriological examination of raw waters was made at weekly intervals in the Department's Laboratory and, when consideration of pollution indicated an increased frequency was necessary, at daily intervals. The treated waters at all stations have been examined on a daily basis. The total number of raw and treated water samples examined from each of the Pumping Stations, together with a summary of the bacteriological results obtained is given below.

	Number of Samples Examined	No. showing presence of Coliform Organisms in 100 ml	No. showing E. Coli. present in 100 ml.	No. showing Coliform Organisms absent from 100 ml.
Raw waters	644	112	67	532
Treated waters	3182	0	0	3182
	3826	112	67	3714

Only slight bacterial pollution of the raw waters has occurred during the year and it has not been necessary to examine any raw water at daily intervals.

Abbreviated chemical examinations were made at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been completed at regular intervals. The results of the latest of these examinations are appended.

Bacteriological examinations together with chloramine determinations have been made on 926 samples of water from service reservoirs. Of this total, 2 samples showed the presence of coliform organisms in low numbers.

A total number of 3,589 samples were examined during the year. Of these 3,187 were submitted from Worthing Water Department.

3. Since all water is obtained from the chalk, there is little likelihood of plumbo-solvent action and no evidence of such action is apparent. A number of samples from consumers premises have been examined for lead content and the highest value found was 0.07 mgm/l. after water had stood overnight in a lead pipe. Most of the samples contained less than 0.02 mgm/l.
4. Chlorination with post-aeromisation of all raw waters is practised continuously. In the event of any raw water showing evidence of bacterial pollution, sampling is increased to daily intervals and a survey of the catchment area is made in an effort to locate the cause of such pollution. In addition, if it is considered necessary, appropriate adjustment is made of those gas dosages used in the sterilisation process.

5. The population supplied from public water mains direct to houses is as follows:-

	<u>Population</u>	<u>Direct Supply</u>
Brighton C.B.	163,710	56,012
Hove M.B.	72,280	27,021
Lewes M.B.	14,140	5,758
Portslade-by-Sea U.D.	18,270	6,132
Shoreham-by-Sea U.D.	19,050	6,935
Southwick U.D.	11,970	4,216
Lancing Parish Worthing R.D.	16,773*	6,251
Pyecombe Parish Cuckfield R.D.	235*	62
Parishes in Chichester R.D.	6,372*	2,167
	<u>322,800</u>	<u>114,554</u>

*Parish populations from the
1971 Census, County Reports.

Chemical analysis (expressed in mgm per litre)

	Date taken	pH	Alkalinity (CaCO ₃)	Chlorides (Cl)	Ammoniacal Nitrogen (N)	Aluminium Nitrogen (N)	Oxidised Nitrogen (N)	Oxygen Absorbed (3hrs @ 27°C)	Temp. Hardness (CaCO ₃)	Perm. Hardness (CaCO ₃)	Total Hardness (CaCO ₃)	Fluoride (F)
Aldrington	6.12.73.	7.25	201.0	48.0	Nil	0.028	10.85	0.12	201.0	85.0	286.0	<0.1
Balsdean	6.11.73.	7.60	171.0	36.4	Nil	0.012	5.50	0.08	171.0	49.0	220.0	<0.1
Falmer	6.11.73.	7.60	195.0	27.0	Nil	0.012	6.05	0.08	195.0	45.0	240.0	<0.1
Goldstone	6.12.73.	7.25	197.0	63.0	Nil	0.020	8.30	0.10	197.0	73.0	270.0	<0.1
Lewes Road	6.11.73.	7.60	170.0	31.2	Trace	0.010	8.20	0.08	170.0	60.0	230.0	<0.1
Mile Oak	6.11.73.	7.60	172.0	24.0	Nil	0.012	5.50	0.08	172.0	40.0	212.0	<0.1
Newmarket	19.12.73.	7.20	186.0	22.0	Nil	0.018	5.50	0.08	186.0	34.0	220.0	<0.1
Patcham	14.11.73.	7.40	168.0	19.6	Nil	0.010	4.20	0.08	168.0	42.0	210.0	<0.1
Shoreham	6.12.73.	7.25	186.0	182.0	Nil	0.030	8.30	0.012	186.0	114.0	300.0	<0.1
Sompting	14.11.73.	7.40	189.0	130.4	Nil	0.026	6.65	0.12	189.0	91.0	280.0	<0.1
Southover 1	14.11.73.	7.40	186.0	22.0	Nil	0.018	4.95	0.08	186.0	36.0	222.0	<0.1
Southover 3	14.11.73.	7.40	186.0	22.0	Nil	0.016	5.45	0.08	186.0	36.0	222.0	<0.1
Surrenden Field	18.12.73.	7.20	190.0	24.2	Nil	0.022	9.40	0.10	190.0	50.0	240.0	<0.1

